

PROJECT 10073 RECORD

1. DATE - TIME GROUP 18 Sept 68 18/0105L 18/0405Z	2. LOCATION Silver Spring, Maryland
3. SOURCE Civilian	10. CONCLUSION Other (UNRELIABLE REPORT)
4. NUMBER OF OBJECTS One	Observer has seen UFOs before and is interested in UFO reports.
5. LENGTH OF OBSERVATION Seconds	11. BRIEF SUMMARY AND ANALYSIS SEE CASE FILE
6. TYPE OF OBSERVATION Ground-Visual	
7. COURSE ENE - WSW	
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

27. INFORMATION WHICH YOU FEEL IS PERTINENT BUT WHICH IS NOT ADEQUATELY COVERED IN THIS QUESTIONNAIRE, ALTERNATIVELY PROVIDE A NARRATIVE EXPLANATION OF THE SIGHTING.

Symposium on Unidentified Flying Objects -
Hearings = ninetieth Congress = July 20, 1968

Page - 240 - Fig. 2 =

Eight sighting in France for Sept. 24 - 1964

(Sept 26 - 28) - Many seen about 11 P.M. -

The same time I sighted the object on Sept 26
1964 - about - 10.55 P.M. - Check for DST. or EST. -

"Vichy" after-noon, seen - A cigar shaped object -

"Selles" early night seen - A cigar shaped object -

The other cities have more 11 P.M. sightings

W

SWISH - Sound

Shook the ground
where I stood.



Light, but no glare.

E

Sparks from
rear end suggest

I called Andrews the morning of the 27th - but

never received a form to fill out.

This is the first time I have ever seen any report
as to shape and time and date to back up
what I saw on the night of Sept 26 - 1964.

400 - 600 ft in sky -
sup could be 100 ft long
no wheels or wings
It was dark in color

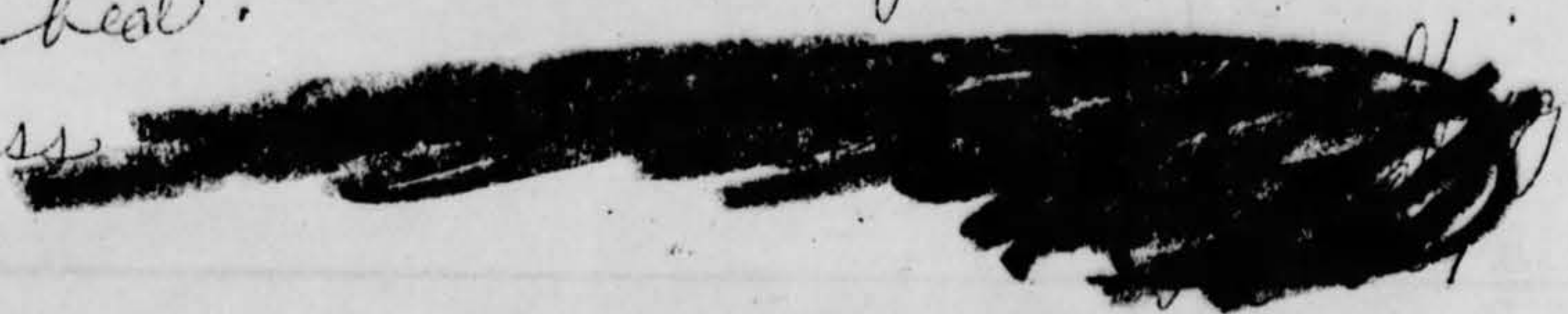
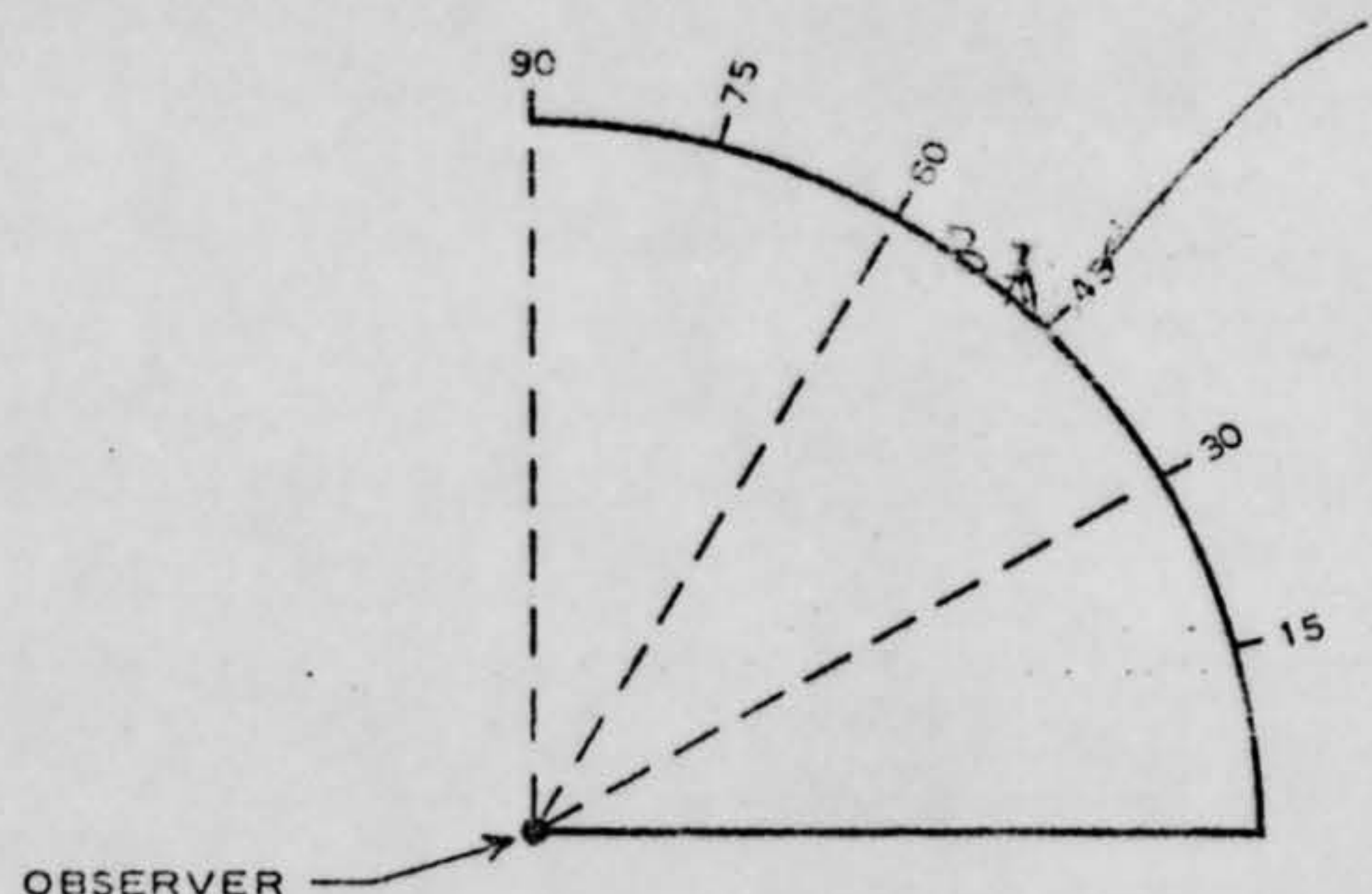
Please acknowledge

this report. Thank you

18 Sept 1968

AF 117 sent to Mrs [REDACTED]
[REDACTED]
[REDACTED]

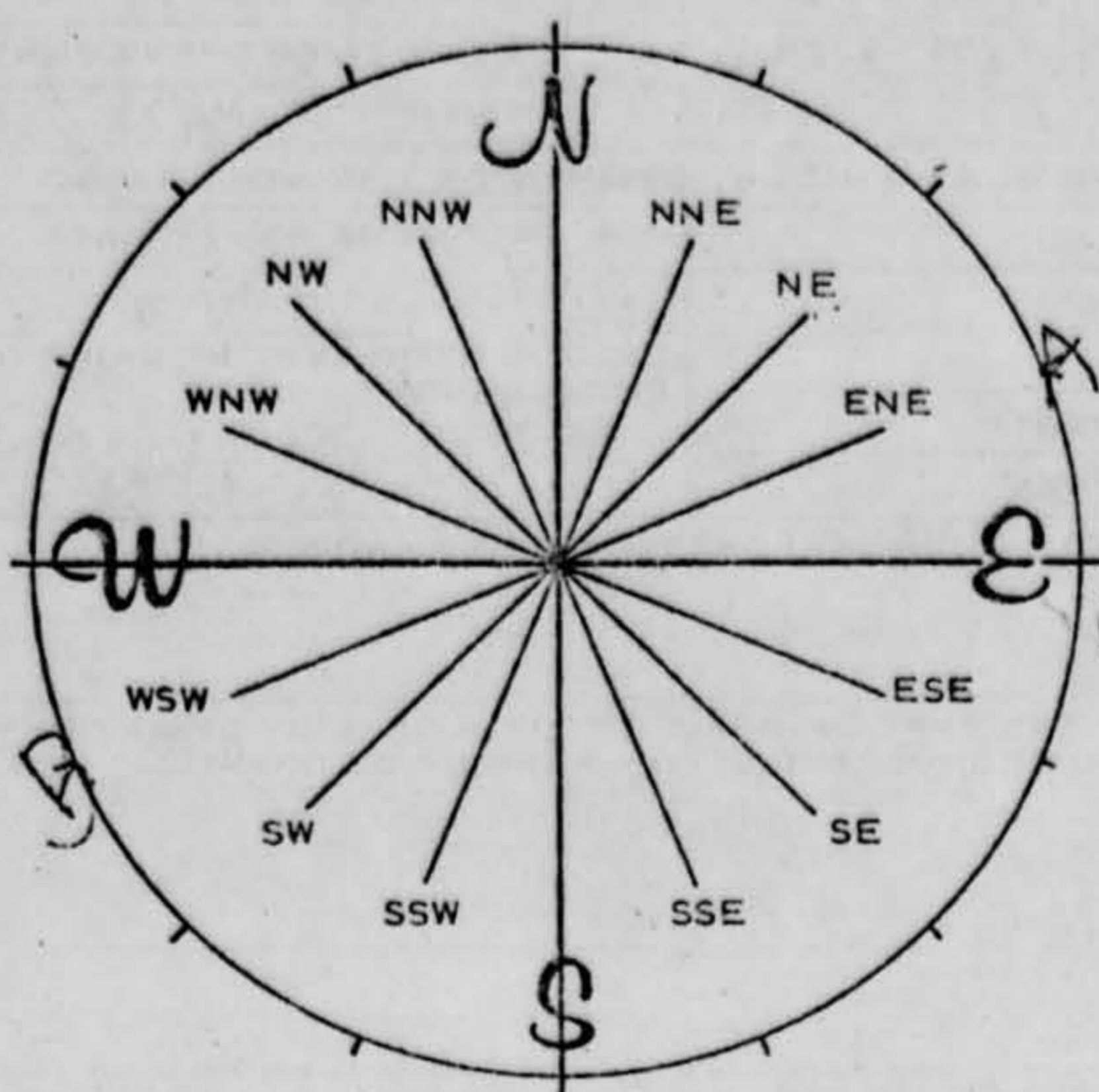
18 Sept 68

SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE		BUDGET BUREAU APPROVAL NUMBER 21-R258
<small>THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, 1AW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)</small>		
1. WHEN DID YOU SEE THE PHENOMENON? DAY <u>18</u> <u>Thursday</u> MONTH <u>Sept.</u> YEAR <u>1968</u>		
2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON? <u>D.S.T.</u> HOUR <u>1</u> MINUTES <u>05</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.		
3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON? HOUR <u>a few seconds</u> MINUTES <u></u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.		
4. TIME / ZONE <input checked="" type="checkbox"/> DAYLIGHT SAVINGS <input type="checkbox"/> STANDARD <input checked="" type="checkbox"/> EASTERN <input type="checkbox"/> CENTRAL <input type="checkbox"/> MOUNTAIN <input type="checkbox"/> PACIFIC <input type="checkbox"/> OTHER		
5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK. <u>In bed. Laying on my right side. Looking out the window that is only a few inches from the bed.</u> <u>Home address</u> 		
6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH. PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN. 		

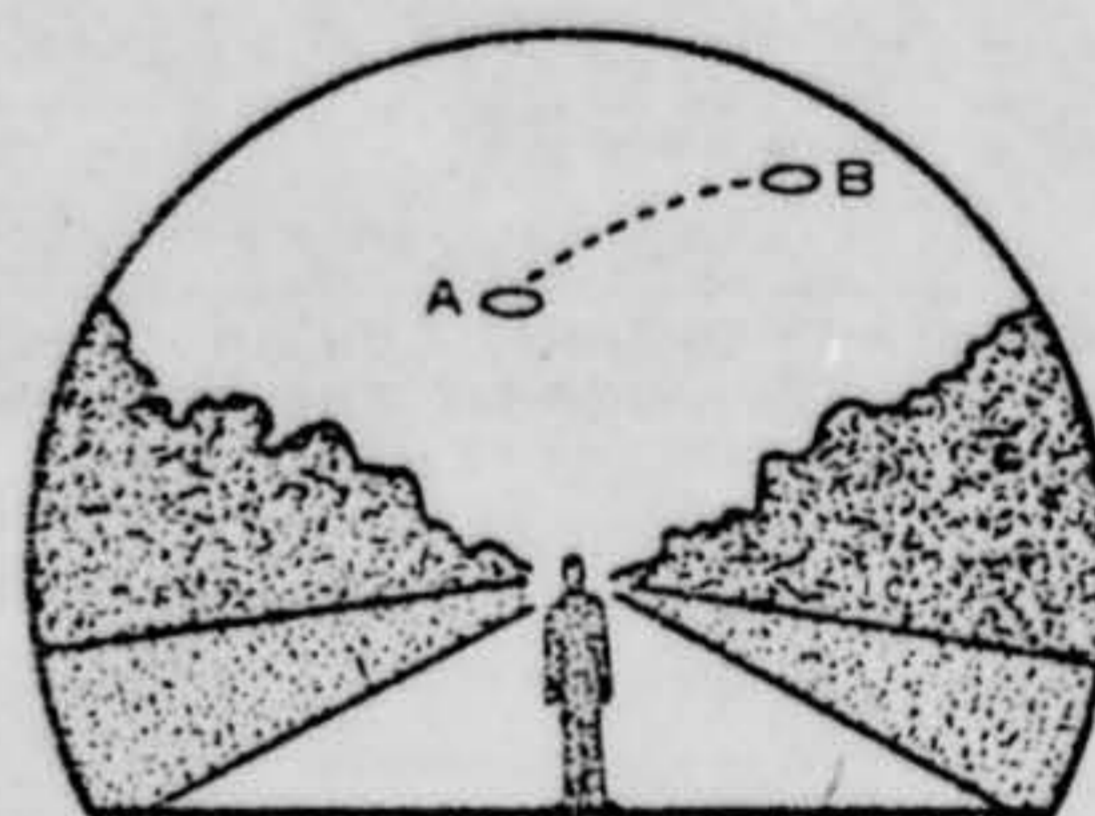
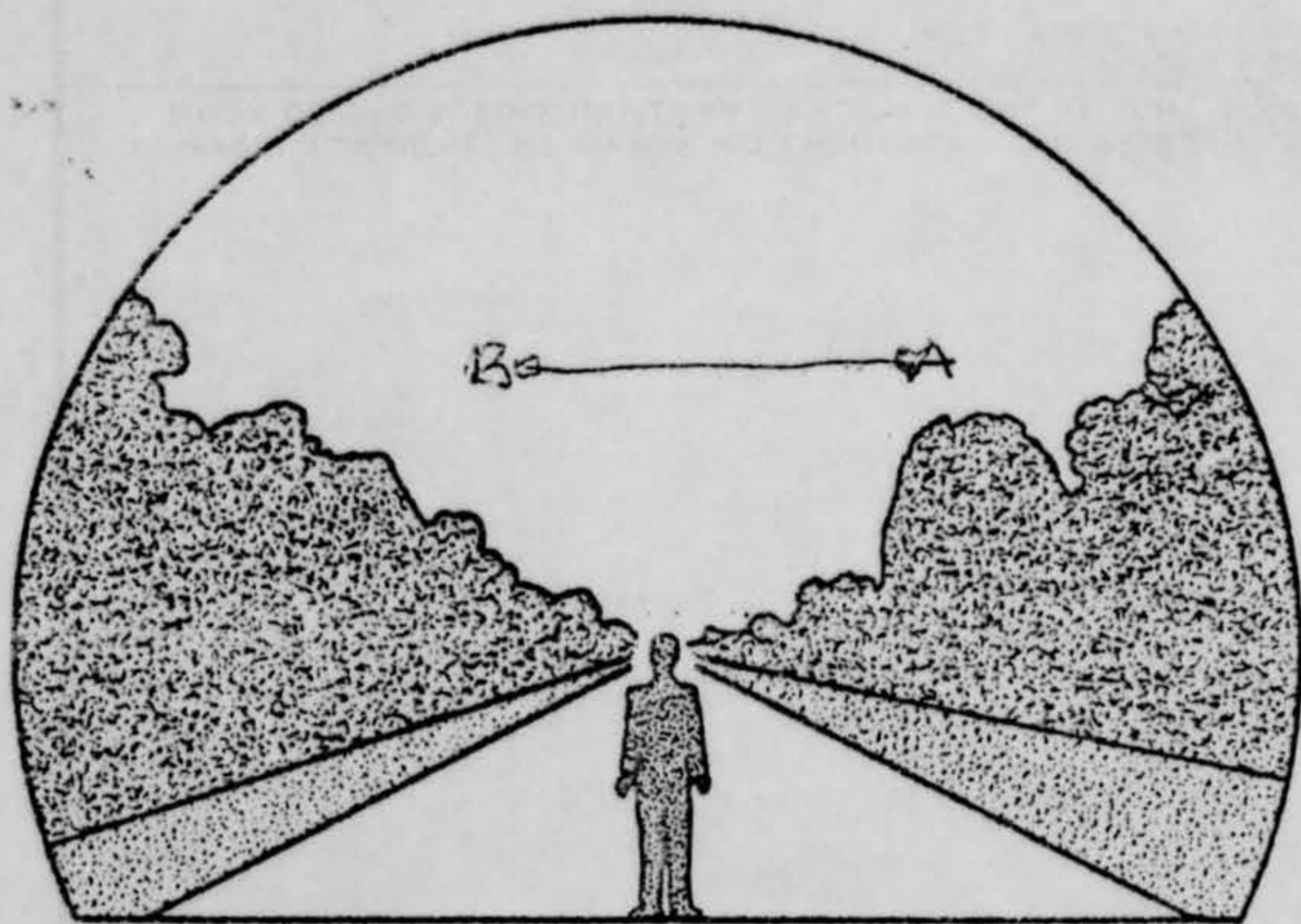
AF FORM 117
AUG 67

*No previous Corvis
form from SAFOICC*

6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN. AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.



8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)			
OUTDOORS	IN BUSINESS SECTION OF CITY		
IN BUILDING	IN RESIDENTIAL SECTION OF CITY		
IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER	IN OPEN COUNTRYSIDE		
IN BOAT	NEAR AIRFIELD		
IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER	FLYING OVER CITY		
OTHER <i>In hotel, looking out the window</i>	FLYING OVER OPEN COUNTRY		
	OTHER <i>Suburb</i>		
A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:			
WHAT DIRECTION WERE YOU MOVING?		HOW FAST WERE YOU MOVING?	
NORTH	EAST	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON?	
SOUTH	WEST		
NORTHEAST	SOUTHEAST		
NORTHWEST	SOUTHWEST		
EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.			
DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN.			
HOW MUCH OTHER TRAFFIC WAS THERE?			
DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.			
9. HOW LONG WAS THE PHENOMENON IN SIGHT?			
LENGTH OF TIME <i>a few seconds.</i>	<input checked="" type="checkbox"/> CERTAIN OF TIME	<input type="checkbox"/> NOT VERY SURE	
	<input type="checkbox"/> FAIRLY CERTAIN	<input type="checkbox"/> JUST A GUESS	
HOW WAS TIME DETERMINED?			
<i>I could follow it with my eyes.</i>			
WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES.			

10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

11. CONDITIONS (Check appropriate blocks.)

A. SKY		B. WEATHER	
<input type="checkbox"/> DAY	<input type="checkbox"/>	<input type="checkbox"/> CUMULUS CLOUDS (Low fluffy)	<input type="checkbox"/> FOG OR MIST
<input type="checkbox"/> TWILIGHT	<input type="checkbox"/>	<input type="checkbox"/> CIRRUS CLOUDS (High fleecy or Herring-bone)	<input type="checkbox"/> HEAVY RAIN
<input type="checkbox"/> NIGHT	<input type="checkbox"/>	<input type="checkbox"/> NIMBUS CLOUDS (Rain)	<input type="checkbox"/> LIGHT RAIN OR DRIZZLE
<input type="checkbox"/> CLEAR	<input type="checkbox"/>	<input type="checkbox"/> CUMULONIMBUS CLOUDS (Thunderstorms)	<input type="checkbox"/> HAIL
<input type="checkbox"/> PARTLY CLOUDY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SNOW OR SLEET
<input checked="" type="checkbox"/> COMPLETELY OVERCAST	<input checked="" type="checkbox"/>	<input type="checkbox"/> HAZE OR SMOG	<input type="checkbox"/> UNKNOWN
			<input type="checkbox"/> NONE OF THE ABOVE

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

(1) STARS	(2) MOON
<input checked="" type="checkbox"/> NONE	<input type="checkbox"/> BRIGHT MOONLIGHT
<input type="checkbox"/> A FEW	<input type="checkbox"/> MOON WITH HALO
<input type="checkbox"/> MANY	<input type="checkbox"/> MOON HIDDEN BY CLOUDS
<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> PARTIAL (New or quarter)

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☐ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

<input type="checkbox"/> IN FRONT OF YOU	<input type="checkbox"/> TO YOUR RIGHT	<input type="checkbox"/> OVERHEAD (Near noon)
<input type="checkbox"/> IN BACK OF YOU	<input type="checkbox"/> TO YOUR LEFT	<input type="checkbox"/> UNKNOWN

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

The trees in the back yard appeared black and the over-cast sky appeared grey. No lights seen.

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

white light. Really light. about the size of grape fruit. close together.

13.	DID THE PHENOMENON	YES	NO	UNKNOWN
MOVE IN A STRAIGHT LINE?		<input checked="" type="checkbox"/>		
STAND STILL AT ANYTIME?				
SUDDENLY SPEED UP AND RUN AWAY?				
BREAK UP IN PARTS AND EXPLODE?				
CHANGE COLOR?				
GIVE OFF SMOKE?				
CHANGE BRIGHTNESS?				
CHANGE SHAPE?				
FLASH OR FLICKER?				
DISAPPEAR AND REAPPEAR?				
SPIN LIKE A TOP?				
MAKE A NOISE?		<input checked="" type="checkbox"/>		
FLUTTER OR WOBBLE?				

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

The sound. It sounded like something splicing in a straight line across (my view) the sky. The first impression I got - was a bob sled over an icy path. After the first sound a second sound was heard like a saw. Still saw. The saw sound disappeared but after a few seconds I heard it again for a few seconds longer - then it completely disappeared.

A. HOW DID IT FINALLY DISAPPEAR?

It went by the window out of my sight view.

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?

☒ YES ☐ NO. IF "YES," DESCRIBE.

was above the tree top.

15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.

I could not see any shape except the two lights very close together. There was no other lights on it. By the sound I heard there must have been a ~~solid~~ solid object but nothing visible except the two lights.

16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.

?

17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.

EYEGASSES	CAMERA VIEWER
SUNGLASSES	BINOCULARS
WINDSHIELD	TELESCOPE
SIDE WINDOW OF VEHICLE	THEODOLITE
WINDOWPANE	OTHER

A. DO YOU ORDINARILY WEAR GLASSES? ☐ YES ☒ NO

B. DO YOU USE READING GLASSES? ☒ YES ☐ NO

18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED 200 mph

19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE 2000

20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW.

From my position in bed, the two lights I saw were like the size of grapefruit maybe a basket-ball from that distance (4 or 5 hundred feet) would be about the size of the lights I saw.

21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? ☒ YES ☐ NO. IF "YES," DESCRIBE.

The first sound was a sound like iron rubbers over snow - a grinding sound very noticeable. The after sound was like a skull saw and it could be heard for a few seconds or maybe a minute in the distance. The saw sound stopped a few seconds - then could be heard again off in the distance. It lasted a minute or so, then all was quite.

A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. ☐ YES ☒ NO. IF "YES," DESCRIBE.

19 - I am using the Washington Monument as a ruler.
X 18 - I have never flown. So this is only a guess.

22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? ☒ YES ☐ NO. IF "YES," GIVE DATE AND LOCATION.

Sept-26-1964- [redacted] Spring-Md.
10.55 PM.

23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? ☒ YES ☐ NO. IF "YES," DID THEY SEE IT TOO?

☐ YES ☒ NO. = my husband was asleep.

A. LIST THEIR NAMES AND ADDRESSES

[redacted] Spring, Md.

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST FIRST NAME MIDDLE NAME

[redacted]

ADDRESS [redacted] Spring, Md. 20901

TE

AGE

over 50

MALE

☒ FEMALE

INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.

Housewife -

as I have seen objects before, I try to find out if it is from a test or Airport when the answer is no. Then I called Project Blue Book. They sent this form to me. I became more interested - due to the Juddell Bank - reports.

Because of the 1 AM. time it was really the next day of the 18th, not the 17th -!

25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?

NASA - Goddard Project Blue Book
NAME [redacted] Air Base Police DAY 18 MONTH Sept YEAR 1968

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY 19 MONTH Sept YEAR 1968